



Instructions:

**Change of Registered Office  
or Agent by a Limited Liability  
Partnership**

**Contact:**

**Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov

- ☐ 1. Submit this form with the **\$35** filing fee.
- ☐ 2. Any of the following may serve as resident agent:
- a) an individual,
  - b) a Kansas corporation, limited partnership, limited liability company or business trust, or
  - c) a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas.
- A foreign limited liability partnership may not be its own resident agent.
- ☐ 3. This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at [www.sos.ks.gov](http://www.sos.ks.gov).

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**STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO [WWW.SOS.KS.GOV](http://WWW.SOS.KS.GOV). UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.**

**NOTICE:** *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

**LLR****53-06**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.  
Please read instructions sheet before completing.***1. Business entity ID  
number:***This is not the Federal Employer  
ID Number (FEIN)***2. Name of limited  
liability partnership:***Name must match the name on  
record with the Secretary of State***3. State/Country of  
organization:****4. The new name of the  
resident agent and  
address of registered  
office in Kansas:***Address must be a street address.  
A P.O. box is unacceptable**Name**Street Address***Kansas***City**State**Zip***5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.***Signature of partner**Date (month, day, year)**Name of signer (printed or typed)*